

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90026 020 ***150.00

DOCUMENT # M34966

1. Entity Name
SURFSIDE HEARING AID CENTER, INC.

Principal Place of Business 222 95TH STREET SURFSIDE FL 33154	Mailing Address 222 95TH STREET SURFSIDE FL 33154
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80127481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2694305		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, JONATHAN C.
222 95TH ST.
SURFSIDE FL 33154

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAW, JONATHAN C. 222 95TH ST. SURFSIDE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7-7-2002** Daytime Phone #: **305-861-1222**

CR2E034 (4/02)

SURFSIDE HEARING AID CENTER

HEARING AIDS OF QUALITY • SINCE 1958

Phone (305) 861-1222

222 - 95th Street
Surfside, Florida 33154

Attachment # M34966 BOI2481

TO WHOM IT MAY CONCERN:

I MAILED UNIFORM BUSINESS REPORT
MARCH 21ST WITH A CHECK FOR 150.00,
MADE OUT TO (DEPARTMENT OF STATE)
CHECK # 7247 - ON JULY 2ND I RECEIVED
ANOTHER COPY SAYING, I OWE \$550.00.

I WAS NOT LATE, I CALLED 850-488-9000
ON JULY 2ND. THEY SAID, THEY DO NOT
RECEIVE PAYMENT. THIS IS NOT SO.

ENCLOSED CK. 7339 TO REPLACE LOST CHECK
7247

THANK YOU
FOR YOUR HELP

